



The Commonwealth of Massachusetts Merit Rating Board

Request for Detailed Driving History Record

Section 1 Complete and sign this section of the request form:

<p>The Merit Rating Board's Detailed Driving History Record reports, by Surcharge Date, all surchargeable incidents that occurred within the 6 years prior to the date on which your request is processed.</p> <p>The driving history record does not include a calculation of your SDIP rating.</p> <p>For customer assistance, contact the Merit Rating Board</p> <p>Monday through Friday Phone: 8:30 AM – 5:00 PM 617-351-4400</p>		<p>► Processing Fee: \$15.00</p> <ul style="list-style-type: none">This fee is non-refundableMake your personal check or money order payable to "Commonwealth of Massachusetts"Do not mail cash <p>► Mail to this Address: Merit Rating Board Detailed Driving History Record P.O. Box 55889 Boston MA 02205-5889</p>
<p>► Provide the following operator information:</p> <p>You must enter your driver's license number, date of birth, and name exactly as shown on your Massachusetts Driver's License.</p>		
MA Driver's License Number:		Date of Birth (Month/Day/Year): / /
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Phone (include area code):		
<p>► If your mailing address is different from the above address, provide the following information:</p> <p>Your record will be mailed to this address.</p>		
Mailing Address:		
City:	State:	Zip Code:
► Your signature is required:		Date:
I am the above named person and the information I have entered on this request form is true to the best of my knowledge and belief. I am signing under the pains and penalties of perjury.		

Section 2

► Complete and sign this section **only** if you want your driving history record to go to another **person or organization** (i.e., an employer).

Notice: Your driving history record may include traffic law violation(s) subject to the Criminal Offender Record Information (**CORI**) law. For example, a Driving Under the Influence conviction is subject to CORI, and may appear on your driving history record.

I request that my Detailed Driving History Record be forwarded to the person or organization at the address listed below. I understand that my driving history record may include traffic law violation(s) subject to the CORI law. By signing below, I authorize the Merit Rating Board to mail my Detailed Driving History Record—including any and all criminal offender record information—to the care of the **person or organization** at the address listed below:

Name of Person:	Name of Organization:	
Address:		
City:	State:	Zip Code:
► Your Signature:		Date:

Notice: Except as authorized by Massachusetts General Laws, chapter 6, section 172, as most recently amended, it is unlawful to request or require a person to provide a copy of their Criminal Offender Record Information (CORI).